

Hamlin Tool & Machine, Inc.
1671 East Hamlin Rd
Rochester, MI 48307

REMIT TO:
Hamlin Tool & Machine Company
1671 East Hamlin Rd
Rochester, MI 48307

INVOICE NUMBER
SID 064658

S GMC1200
O DELPHI SAGINAW
L
D NAO DISBURSEMENTS
INVOICELESS SUPERVISOR
PONTIAC, MI 48343-6040
T
O

S 05
H DELPHI S PLANT 5 FWD AXLES
I
P 3900 EAST HOLLAND RD.
CISCO: 44025 SAP#K905
SAGINAW, MI 48601
T United States
O

SUPPLIER CODE	TERMS		F.O.B.		INVOICE DATE	
057015273	2nd day 2nd month		ROCHESTER, MI		10/06/05	
SHIP DATE	SHIPPER NO.	SHIPPED VIA	GROSS		TARE	NET
10/06/05	064658	BAX GLOBAL	93		21	90
P.O. NUMBER	CUSTOMER PART NUMBER DESCRIPTION		QUANTITY SHIPPED	UOM	UNIT PRICE	AMOUNT
SAG9010236	07834482 RETAINER, GREASE INTERNAL #: 1159		6,000	EA	.0535	\$321.00
						\$0.00
					Subtotal	\$321.00
					Sales Tax	\$0.00
					Freight Charges	\$0.00
					Invoice Total	\$321.00
					Disc Available	\$0.00
					Funds: USD	



1671 East Hamlin Road
Rochester, Michigan 48307
Phone: 248-651-6302
Fax: 248-651-0703
DUNS #057015273

S O L D T O
1200
GMACG-DELPHI SAGINAW
NAO DISBURSEMENTS
INVOICELESS SUPERVISOR
P.O. BOX 436040
PONTIAC, MI 483436040

S H I P T O
005356878
DELPHI S PLANT 5 FWD AXLES
3900 HOLLAND RD.
CISCO: 44025 SAP#: K905
SAGINAW, MI 48601

DATE	INVOICE NO./ PACKING SLIP NO.
10/05/05	\$10 64658
BILL OF LADING	
64658	

PURCHASE ORDER NO.		NO. OF PKGS.		PART NUMBER		QUANTITY		UNIT PRICE		AMOUNT	
ACQU. SHIPPED		GROSS WGT.		DESCRIPTION		SHIPPED					
SAG9010236		3		07834482		6000					
1148000		93		RETAINER, GREASE REV. 00							
				LOT 98105 6000 PCS BOX#							
				CALL ALVAN FOR PICK UP 1-800-642-5826							
				PRICE EFF. 1/1/05-12/31/05							



GLOBAL 440 EXCHANGE
IRVINE, CA 92602

DATE	ORIGIN	DESTINATION
10/15/05	DTW	
SHIPPER'S REFERENCE NO. 16445X		
SHIPPER'S ACCOUNT NO. 297397652		
DEPT./FLOOR		
COMPANY HAMILIN TOOL & MACHINE		
FROM (YOUR NAME) CARL D. BRIDGES		
PHONE NO.		
STREET ADDRESS 1671 HAMILIN RD		
CITY ROCHESTER	STATE MI	ZIP (REQUIRED) 48307

AIRBILL NUMBER 690 714 710

CONSIGNEE'S REFERENCE NO.		CONSIGNEE'S ACCOUNT NO.	
COMPANY DEPT. 576015		DEPT./FLOOR	
TO (CONSIGNEE NAME) 44025 SOUTHWEST		PHONE NO.	
ACCURATE STREET ADDRESS (BAX CANNOT DELIVER TO A P.O. BOX) 3900 WOODHART			
CITY SAGINAW	STATE MI	ZIP (REQUIRED) 48601	

BILLING INFORMATION	
<input type="checkbox"/> PREPAID (SHIPPER)	CASH RECEIVED (PAID IN ADVANCE)
<input type="checkbox"/> COLLECT (CONSIGNEE)	RATE QUOTE NUMBER
<input checked="" type="checkbox"/> 3RD PARTY (ACCT. NO. REQ'D)	
ACCOUNT NO. 640939531	
COMPANY/NAME DUNLOP	
BAX GLOBAL WILL COLLECT CONSIGNEE'S CHECK OR PAYMENT ONLY TO THE SHIPPER FOR THE VALUE OF THE GOODS IN THE AMOUNT SHOWN.	

HANDLING INFORMATION (*SPECIAL RATE MAY APPLY)	
<input type="checkbox"/> HOLIDAY	<input type="checkbox"/> DANGEROUS
<input type="checkbox"/> AT BAX	<input type="checkbox"/> SATURDAY DELIVERY
<input type="checkbox"/> SPECIAL DELIVERY	<input type="checkbox"/> CONVENTION
SPECIAL INSTRUCTIONS / ADDITIONAL REFERENCE INFORMATION:	
RMK 1	
RMK 2	
NO. OF PCS.	WEIGHT
1	73.00
LENGTH	WIDTH
30.12	12.12
HEIGHT	DESCRIPTION
1	Metal Parts
TOTAL WT.	REWEIGHT
73.00	1
TOTAL PCS.	NO. OF PIECES
1	1
RELEASE SIGNATURE X	
(SENDER AUTHORIZES BAX TO DELIVER SHIPMENT WITHOUT A DELIVERY SIGNATURE AS PER CONDITIONS ON REVERSE OF THIS PAGE.)	

ALPH. NUMB.	690 714 710
-------------	-------------

DECLARED VALUE	
\$	
LIMIT OF LIABILITY	
LIABILITY IS AGREED AND UNDERSTOOD TO BE \$500 OR \$50 PER POUND, WHICHEVER IS GREATER, UNLESS A HIGHER VALUE IS DECLARED AND APPLICABLE CHARGES PAID. SEE REVERSE SIDE OF AIRBILL FOR DECLARED VALUE LIMITATIONS.	

I certify that this cargo does not contain any unauthorized explosives, incendiaries or hazardous materials. I consent to a search of this cargo. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for at least thirty days.

SHIPPER / REPRESENTATIVE SIGNATURE: SIGN NAME X PRINT NAME X DATE	
RECEIVED BY BAX GLOBAL DRIVER / AGENT	
Driver Signature: R. G. G. 16	10/15/05
Print Name: R. G. G. 16	10/15/05
Pick Up Time: 3:45 PM	10/15/05
NON-NEGOTIABLE AIRBILL SUBJECT TO TERMS AND CONDITIONS OF CONTRACT ON REVERSE SIDE	

1-800-CALL-BAX
FOR INFORMATION OR THE
BAX OFFICE NEAREST YOU

SERVICE REQUESTED	
GUARANTEED SERVICES	
CALL YOUR LOCAL BAX STATION	
<input type="checkbox"/> Guaranteed First Arrival (EMR 1)	
<input type="checkbox"/> Guaranteed Overnight (EMR 2)	
<input type="checkbox"/> Guaranteed Airport-to-Airport (EMR 3)	
<input type="checkbox"/> Guaranteed 2nd Day (EMR D)	

STANDARD SERVICES	
<input type="checkbox"/> OVERNIGHT (NEXT BUSINESS DAY)	
<input type="checkbox"/> SECOND DAY	
<input checked="" type="checkbox"/> BAX SAVER	
<input type="checkbox"/> NEXT FLIGHT AVAILABLE	
<input type="checkbox"/> OTHER	

FOR BAX GLOBAL USE ONLY	
RECEIVED BY BAX AT	CHARGES ADVANCED
<input type="checkbox"/> SHIPPER'S DOOR	PRO NUMBER
<input type="checkbox"/> BAX TERMINAL	CARRIER NAME

1st personal ID reviewed:	
# appearing on ID	Matched photo on ID?
	<input type="checkbox"/> YES <input type="checkbox"/> NO
2nd personal ID reviewed:	
# appearing on ID	Matched photo on ID?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

SHIPPER COPY

10/05/05

STRAIGHT BILL OF LADING - SHORT FORM - Original - Not Negotiable

SID# 64658

RECEIVED subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading

Pg 4 of 4

CARRIER: BAY GLOBAL

BAXG

CARRIER'S NO.:

SHIPPER'S NO.:

From

HAMLIN TOOL AND MACHINE COMPANY, INC.

At

ROCHESTER, MICHIGAN 48307

D-U-N-S #057015273

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to

DELPHI S PLANT 5 FWD AXLES
3900 HOLLAND RD.
CISCO: 44025 SAP#: K905

(Mail or street address of consignee — For purposes of notification only)

SAGINAW, MI 48601

NO. PACKAGES

DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS

WEIGHT
(SUBJECT TO CORRECTION)CLASS
RATE ORCHECK
COL

Supplier#

057015273

SID #

3 PCS71 CARTON

64658

90 NET WT.

3 TARE WT.

93 GROSS WT.

DELPHI S PLANT 5 FWD AXLES

T O T A L S

90 TOT NET

3 TOT TAR

93 TOT GRS

PCS71-3

CLASS RATE: 50 AUTOMOTIVE METAL PARTS

3RD PARTY COLLECT

BILL: DELPHI S, 44025 SAGINAW MI c/o

DATA 2 LOGISTICS P/O BOX 9115 NORWOOD, MA 02362

Trailer#:

6149

ShipTime:

10/5/05

Rob GREIG

FAX 3 45pm

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

If charges are to be prepaid, write or stamp here, "To be Prepaid".

Received \$ _____
to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount prepaid)

Received \$ _____
to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amounts prepaid.)

Charges advanced:

\$ _____

C.O.D. SHIPMENT

C.O.D. AMT _____

Collection Fee _____

Total Charges

Per _____

(Signature of Consignor)

† This is to certify that the above articles are properly described by name and are packed and marked and are in proper condition for transportation according to regulations by the Interstate Commerce Commission.

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

† Shipper's imprints in lieu of stamp, not a part of Bill of Lading approved by the Interstate Commerce Commission.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.

THIS SHIPMENT IS CORRECTLY DESCRIBED

CORRECT WEIGHT IS _____ LBS

† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Consolidated Freight Classification.

HAMLIN

TOOL AND MACHINE COMPANY, INC.

Shipper, Per _____

Agent, Per _____

1671 EAST HAMLIN ROAD
ROCHESTER, MICHIGAN 48307

Permanent post office address of shipper

1